08652

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton — LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Collinson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location): 501 Lincoln St.

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) Ross (Last) Coursey
4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1949
5. SEX: F.
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH: Oct. 1, 1887
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Caroline Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Franklin Ross
14. MOTHER'S MAIDEN NAME: Irene Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-16-1539
17. INFORMANT: John E. Coursey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Myocardial degeneration — 7 months

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — 4 years.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1945, to Sept. 24, 1949, that I last saw the deceased alive on Sept. 22, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE: Paul Knotts M.D. (Degree or title) — ADDRESS: Denton Md — DATE SIGNED: September 25-1949.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: Sept. 27-49 — NAME OF CEMETERY OR CREMATORY: Ross Chapel — LOCATION (City, town, or county) (State): Caroline Co.

DATE REC'D BY LOCAL REG.: 9/27/49 — REGISTRAR'S SIGNATURE: Mm D O Fleagle — 24. FUNERAL DIRECTOR: Leon W. Henry — ADDRESS: Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8653

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burrsville
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Nichols (Last) Fountain
4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1949
5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 1st 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John S. Fountain
14. MOTHER'S MAIDEN NAME: Lucinda Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rd. Mrs. David Ellwager

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

433.0 Immediate cause (a) Chronic Myocarditis & Endocarditis

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c) Partial Heart Block

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 11, 1949, to Sept 13, 1949, that I last saw the deceased alive on Sept 13, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: Charles H. Stroesser (Degree or title) M.D. — ADDRESS: Greensboro Md — DATE SIGNED: Sept. 16 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept. 16th 49 — NAME OF CEMETERY OR CREMATORY: Denton Cemetery — LOCATION (City, town, or county): Denton (State): Md

DATE REC'D BY LOCAL REG.: 9-16-49 — REGISTRAR'S SIGNATURE: Mrs. D. O. George — 24. FUNERAL DIRECTOR: J. Elizgil Moore & Son — ADDRESS: Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08656

CERTIFICATE OF DEATH

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro; LENGTH OF STAY (in this place) 8 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Missouri; COUNTY St. Louis; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Louis; STREET ADDRESS (If rural, give location) St. Francis Hotel 6Th. Chestnut

3. NAME OF DECEASED (Type or Print): (First) Leymon (Middle) Alvin Jarvis Alais Joe. (Last) Mc Gillis

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/30/1890

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days 1; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboror

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Jarvis

14. MOTHER'S MAIDEN NAME: Elizabeth Rinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 497-05-3297

17. INFORMANT AND ADDRESS: John Jarvis Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage & Hemiplegia

026

Antecedent cause(s)

30C

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro-Spinal Lues

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1949, to Sept. 23, 1949, that I last saw the deceased alive on Sept 22, 1949, and that death occurred at 6.10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leslie H Stevenson M/D ADDRESS Greensboro Md DATE SIGNED Sept 23 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 9/25/49

NAME OF CEMETERY OR CREMATORY: Greenhope

LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. Sept. 25-1949

REGISTRAR'S SIGNATURE L Mae Pippin

24. FUNERAL DIRECTOR ADDRESS: R.B. Rawlings Greensboro, Md.

RECEIVED
OCT 3 1949
BUREAU U. S.

08654

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton — LENGTH OF STAY (in this place) Ye	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
HOSPITAL OR INSTITUTION OR STREET ADDRESS none	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Hartly (Last) Lane			4. DATE OF DEATH (Month) Sept. (Day) 13 (Year) 1949		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 14, 1911	9. AGE last birthday 37 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day laborer	10b. KIND OF BUSINESS OR INDUSTRY Fishing		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Konrad Lane			14. MOTHER'S MAIDEN NAME Elizabeth Sloane		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Konrad Lane		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322.1 Immediate cause (a) Cirrhosis of Liver — 2 yrs

Antecedent cause(s)

124a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Alcoholism — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 13, 1949, that I last saw the deceased alive on Sept 13, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE Dawson C. George (Degree or title) ADDRESS Denton Md. DATE SIGNED 9/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sept. 16, 1949	NAME OF CEMETERY OR CREMATORY Denton	LOCATION (City, town, or county) Denton, Caroline (State) Md.
DATE REC'D BY LOCAL REG. 9/15/49	REGISTRAR'S SIGNATURE Mrs D R Fund	24. FUNERAL DIRECTOR J. Virgil Moore, Denton, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08655

Reg. Dist. No. 63

1. PLACE OF DEATH COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Harmony; LENGTH OF STAY (in this place): 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Harmony
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) WAYNE (Middle) MAC LAURY (Last)				4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1949	
5. SEX: M	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: May 8, 1881	9. AGE last birthday: 68 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Equinunk, Pa.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME: Austin MacLaury		14. MOTHER'S MAIDEN NAME: Mary Elizabeth Carmen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Ruth C. MacLaury (Wife)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Cerebral Hemorhage	2 hour
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arteriosclerotic Heart Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none	(CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 9/18/47, 19....., to 9/10....., 1949, that I last saw the deceased alive on august 6 1949, and that death occurred at 10:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		Preston Maryland	9/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Sept. 13, 1949	NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery	LOCATION (City, town, or county) (State): Washington, D. C.
DATE REC'D BY LOCAL REG.: 9/12/49	REGISTRAR'S SIGNATURE: Cornelia W. Plummer	24. FUNERAL DIRECTOR: W. H. Hollis & Son	ADDRESS: Preston, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08657

Reg. Dist. No. 62

M

MV

I

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
LENGTH OF STAY (in this place) 70
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) FRANCIS (Last) MITCHELL

4. DATE OF DEATH (Month) Sept. (Day) 24, (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Feb. 28, 1872

9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Mitchell

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Edward Mitchell, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	Sudden
Antecedent cause(s)	(b) Fractured Ribs - Internal Injuries	Sudden
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

825.5

170C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County Road (CITY OR TOWN) Rural Denton (COUNTY) Caroline (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 24 1949, 11 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from Did not see him alive, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Dawson O George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 9/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Buried

DATE Sept 27, 1949

NAME OF CEMETERY OR CREMATORY Concord

LOCATION (City, town, or county) Concord Caroline (State) Md

DATE REC'D BY LOCAL REG. 9/26/49

REGISTRAR'S SIGNATURE Wm D O George

24. FUNERAL DIRECTOR J. Virgil Moore ADDRESS

RECEIVED
SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08658

CERTIFICATE OF DEATH

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) PETER (Middle) NEPERT (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 22, (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1871

9. AGE last birthday: 77 yrs. — If under 1 year: Months 8, Days 22, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Peter Nepert

14. MOTHER'S MAIDEN NAME: Katherine Laudenslager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elizabeth Nepert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 4most

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hyerptensive Cardio Renal Disease — 10yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from august, 1936, to September, 1949, that I last saw the deceased alive on 9/21/, 1948, and that death occurred at 9:50A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul B Plummer — ADDRESS: P.O.Box#95 Preston Maryland — DATE SIGNED: 9/23/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 25 1949 — NAME OF CEMETERY OR CREMATORY: Jr. Order U. A. M. — LOCATION (City, town, or county) (State): Preston, Maryland

DATE REC'D BY LOCAL REG.: 9/23/49 — REGISTRAR'S SIGNATURE: Cornelia D. Plummer

24. FUNERAL DIRECTOR: H. M. Hollis — ADDRESS: Preston, Md.

VS. A15

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08659

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville; LENGTH OF STAY (in this place) 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Belle (Last) Parris

4. DATE OF DEATH: (Month) Sept (Day) 14th (Year) 1949

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow

8. DATE OF BIRTH: Mar. 7th 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months 6, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Welsh

14. MOTHER'S MAIDEN NAME: Rebecca Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Elmer Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic cardiovascular & renal disease — Interval Between Onset and Death: several months

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility with its changes both physical & mental

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about 1932, 19..., to 14, 19..., that I last saw the deceased alive on 12 Sept., 1949, and that death occurred at 10.9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm Marshall Jr. M.D. Milford Delaware 15 Sept 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Sept. 18, 1949; NAME OF CEMETERY OR CREMATORY Greensboro; LOCATION (City, town, or county) Greensboro, (State) Maryland

DATE REC'D BY LOCAL REG. 9/18/49; REGISTRAR'S SIGNATURE Wm E. George

24. FUNERAL DIRECTOR J. Virgil Moore; ADDRESS Denton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(8660)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15 7

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton | LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 19 49

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH July 27, 1867 | 9. AGE last birthday 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wesley Rae | 14. MOTHER'S MAIDEN NAME Lucinda Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs. Sadie Beauchamp, Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 5 yrs

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 20, 1949, that I last saw the deceased alive on Sept 21, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE Dawson D. George (Degree or title) ADDRESS Denton Md DATE SIGNED 9/24/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept. 24, 1949 | NAME OF CEMETERY OR CREMATORY Denton | LOCATION (City, town, or county) Denton Caroline (State) Md

DATE REC'D BY LOCAL REG 9/24/49 | REGISTRAR'S SIGNATURE Wm D O George | 24. FUNERAL DIRECTOR J. Virgil Mooney | ADDRESS Denton

RECEIVED
SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08661

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS no data available (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Rachel (Middle) (Last) Walker

4. DATE OF DEATH (Month) (Day) (Year) September 14 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown

8. DATE OF BIRTH About 1914

9. AGE last birthday About 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY Canning Factory

11. BIRTHPLACE (State or foreign country) No data

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No data

14. MOTHER'S MAIDEN NAME No data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 227-26-4993

17. INFORMANT Name from Social Security Card

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Probable Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Did not see her alive, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE Dawson O George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md. DATE SIGNED 9/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 19, 1949

NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. Sept. 19, 1949

REGISTRAR'S SIGNATURE J. J. Frampton

24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1949
BUREAU V. S.

08662

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): 79 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) H.	(Last) Ward	4. DATE OF DEATH	(Month) 9 (Day) 28 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 11/15/1869	9. AGE last birthday: 79 yrs.	If under 1 year: Months 10, Days 13; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: George Ward	14. MOTHER'S MAIDEN NAME: Margaret Wright				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Mrs. Jas. Pinder Greensboro, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cerebral Hemorrhage & hemiplegia — 1 wk.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral & general arteriosclerosis

(c) Chronic myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1949, to Sept. 28, 1949, that I last saw the deceased alive on Sept. 27, 1949, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE: Charles H. Hinesley (Degree or title) M.D. — ADDRESS: Greensboro Maryland — DATE SIGNED: 9-29-49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9/30/49	NAME OF CEMETERY OR CREMATORY: Greensboro	LOCATION (City, town, or county) (State): Greensboro, Md.
DATE REC'D BY LOCAL REG.: Sept. 30-1949	REGISTRAR'S SIGNATURE: L. M. Pippin	24. FUNERAL DIRECTOR: R.B. Rawlings	ADDRESS: Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 3 1949
BUREAU V. S.

08663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

1. PLACE OF DEATH COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Lane	STREET ADDRESS (If rural, give location) Park Lane

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) M.	(Last) Wright	4. DATE OF DEATH	(Month) September (Day) 30 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Sept. 19, 1853	9. AGE last birthday 96 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Federalsburg, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Cornelius R. Wright			14. MOTHER'S MAIDEN NAME Margaret C. Sutherland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) —	16. SOCIAL SECURITY NO. None	17. INFORMANT Family Bible belonging to deceased		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	5 yrs.
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1949 to 9/30, 1949 that I last saw the deceased alive on 9/30, 1949 and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Anderson	M.D.	Federalsburg, Md.	10/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE October 3, 1949	NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	LOCATION (City, town, or county) (State) Federalsburg, Maryland
DATE REC'D BY LOCAL REG. October 3, 1949	REGISTRAR'S SIGNATURE J. J. Frampton	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

RECEIVED
OCT 7 1949
BUREAU V. S.